

Department of Health and Human Services
Maine Center for Disease Control and Prevention
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## Fall 2010 School-Based Vaccine Clinic Supply Order Form

School Name:			
School District:			
Person completing this form (school nur	se or principal):		
Phone:			
E-mail:			
Cell-phone:			
Shipping contact (person who is most like	kely to receive the order):		
Shipping contact phone:		_	
Ship to address:			
Days of week/hours available to receive	shipments:		
Last date school is open before summer	r break:	_	
Shipments may be received during sum	□ No		
Days of week/hours available during summer:			
The above-named school is requestir to participate in school-based flu vac  Small refrigerator. Quantity:	cine clinics in the fall of		ss above in order
☐ Cold chain transportation and ☐ Vaccine clinic go-kit. Quantity	storage kit. Quantity:	_	